

Policy Recommendations to Improve Michigan's Statewide Naloxone Standing Order & Other Ways to Increase Naloxone Access

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Laura B. Luchies, PhD

DataWise Consulting, LLC

(formerly the Calvin University Center for Social Research)



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Background

Michigan's statewide naloxone standing order (SO) allows people to get naloxone at participating pharmacies without a prescription.¹ Naloxone is sold under the name brand Narcan®. The drug can prevent death from an opioid overdose. The Michigan legislature passed the SO in 2016. The law went into effect on March 28, 2017.

In the years before the SO, prescription opioids were the most common type of opioid involved in opioid overdose deaths in the United States.² Given the key role of prescription opioids, it was important to make it easy for people who were getting prescription opioids to get naloxone. The SO did this by getting naloxone to people who were getting prescription opioids at a pharmacy.

The Michigan Department of Health and Human Services (MDHHS) received funding from the Centers for Disease Control and Prevention's Overdose Data to Action initiative.³ In turn, MDHHS began its Michigan Overdose Data to Action (MODA) program in 2019.⁴ Through a MODA grant, DataWise Consulting^a conducted a policy evaluation of Michigan's statewide naloxone SO. The evaluation focused on Kent County, Michigan. It had six steps:

1. Identifying indicators of success through [interviews and focus groups](#).
2. Creating a [flowchart](#) to show how the SO works and where the indicators fit into the SO.
3. [Surveying stakeholders](#) to refine the flowchart and indicators of success.
4. Finding existing data sources for as many indicators as possible.
5. Building and using new evaluation tools to measure the remaining indicators. These tools were a [community survey](#), [pharmacist survey](#), and [pharmacy secret caller study](#).
6. Compiling data about the indicators of success into a [scorecard](#).

Materials and reports from the evaluation are available in an online evaluation toolkit at www.wearedatawise.com/our-work/naloxone.

This report gives policy recommendations and ideas to increase access to naloxone. The report uses the findings from the evaluation of Michigan's SO. Much has changed in the years since the SO was passed in 2016 and since the evaluation started in 2019. 2016 was the first year that synthetic opioids, primarily fentanyl, passed prescription opioids as the

^a Formerly the Calvin University Center for Social Research

most common type of opioid involved in overdose deaths.² By 2019, synthetic opioids were involved in nearly three times as many overdose deaths as prescription opioids. The number of overdose deaths involving synthetic opioids continues to rise. In 2020, synthetic opioids were involved in 82.3% of opioid-involved overdose deaths.⁵

The SO is still an important way to distribute naloxone. But pharmacy-based distribution of naloxone may not help people who use synthetic opioids, since they may not visit pharmacies. Other methods that are targeted toward people who use or know people who use non-prescription opioids are more important than ever. Thus, our policy recommendations are not just about the SO. They also include ideas to increase naloxone access more generally.

Increase Public Awareness & Decrease Public Stigma

Public Awareness Campaigns

Fewer than half of community members [knew that they could get naloxone](#) without a prescription. Many respondents said they could not recognize the physical signs of an opioid overdose or administer naloxone. Kent County stakeholders recognized this lack of public awareness. Ninety-two percent reported that [low public awareness](#) keeps the SO from having its full potential impact.

Public awareness campaigns could increase knowledge on several topics. These include the prevalence and symptoms of opioid overdose, ways to get naloxone, how to use naloxone, and legal protection from the Good Samaritan law.⁶ Awareness campaigns could use billboards, radio and TV ads, and online and social media ads.

Messaging could also talk about barriers to getting naloxone. For example, one-third of community survey respondents [felt that pharmacists would judge them](#) if they asked for naloxone. In contrast, researchers who called pharmacies to ask for naloxone in the pharmacy secret caller study felt [they were treated very well by pharmacy staff](#). Ads featuring a pharmacist could address the unwarranted expectation of pharmacist stigma. The pharmacist could talk about the SO and share that they are happy to help people who ask for naloxone.

As another example, few [people keep naloxone on hand](#) in their everyday lives. People who know about naloxone from their work in a related field are not much more likely to carry naloxone than those who do not. Only [20% of pharmacists said they carry naloxone](#) in their daily life. This statistic suggests that people think the chance that they will run into an overdose situation is so low that it is not worth carrying naloxone “just in case.” Stories from people who have run into these situations and were able to use naloxone

could counter this view. These stories would show that anyone could be in a similar situation at any time.

An awareness campaign could extend to relevant TV shows and films. Movies or medical dramas that have an overdose scene could give information about naloxone. Seeing naloxone save a life, even of a movie or television character, would give viewers a compelling reason to carry naloxone.

Increasing awareness and normalizing keeping naloxone on hand can help address stigma. Stakeholders reported that [public stigma is the biggest barrier](#) keeping the SO from having its full potential impact. An awareness campaign could include messages from medical experts, celebrities, and everyday people. Stories from those who have used naloxone to save a life could increase awareness while decreasing stigma. Those whose lives have been saved by naloxone could also help in both these areas.

Messaging at Pharmacies

Many [people do not know that naloxone is available](#) without a prescription. Only one-third of pharmacists who work at a pharmacy enrolled in the SO said that there are [signs about naloxone](#) where they work.

Pharmacies could improve communication about naloxone. They could use signs, posters, and website messages. They could give flyers to patients who are picking up a prescription. Staff could wear a pin saying, “Ask me about Narcan®” or “You can save a life with naloxone... ask me how.” In the context of a public awareness campaign, reminders about naloxone at pharmacies could prompt people to get naloxone. There, people can turn their awareness into action.

Increase Pharmacist Awareness and Involvement

Pharmacists have greater [awareness of overdose symptoms and how to administer naloxone](#) than the public. Yet, the pharmacist survey shows that there is room for improvement. Seventy-seven percent of pharmacists said they could recognize signs of an opioid overdose. Two-thirds could give naloxone confidently. Pharmacists who do not know how to recognize and respond to an overdose need to learn how to do so. They need to be able to teach their patients what to do.

[Nearly 1-in-10 pharmacists were not aware of the SO](#) before taking the survey. One-third falsely believed that patients could ask for naloxone but that the SO did not allow pharmacists to recommend it. And so, it is no surprise that one-third of pharmacists [had never recommended naloxone to a patient](#) who was filling an opioid prescription.

The pharmacy secret caller study pointed out the impact of pharmacy staff members' lack of knowledge about the SO. In 25% of calls to pharmacies enrolled in the SO, [pharmacy staff gave wrong information](#). Errors can keep people from getting naloxone. Some pharmacy staff said an individual prescription was needed. Others said that people cannot get naloxone for someone they know who is at risk of overdose. Instead, they said that only the person at risk can get naloxone.

Pharmacy staff members are gatekeepers to naloxone. As such, growing their awareness is vital. Training should include pharmacy technicians, who are often the first person people talk to at pharmacies. It is also important to address barriers that might keep pharmacists from recommending naloxone. One-quarter of pharmacists did not think that [the time needed to dispense naloxone](#) and give instruction fits into the pharmacy workflow.

Teaching patients how to use naloxone is important. Yet, requirements that pharmacists must do so are pointless if they keep pharmacy staff from giving out naloxone in the first place. Other ways to teach patients about naloxone could be used if pharmacy staff would otherwise feel too busy to recommend naloxone. For example, a short video available by scanning a QR code could teach people how to use naloxone.

Lower The Direct & Hidden Costs of Getting Naloxone

Seventy percent of Kent County stakeholders said that [the cost of naloxone is a barrier](#). The average out-of-pocket cost for Narcan® at Michigan pharmacies is over \$125.⁷ For many people, this price is simply too high. People who might carry naloxone “just in case” might not spend this much for something they may never use.

Some insurance companies limit the number of times they will cover naloxone. Naloxone would be more affordable if more people had insurance and if more insurance companies had higher limits. One obvious way funds from opioid settlements⁸ could be used is to offset the cost of naloxone.

In addition to the direct cost of getting naloxone, people worry about possible hidden costs of getting it. For example, three-quarters of stakeholders said that [fear about negative consequences of getting naloxone](#) is a barrier. Such outcomes may be rare. Yet, some people are worried they might be denied life insurance. Some are worried they will be charged higher rates if they have naloxone on their medical records. Laws should prevent these negative consequences. People often get naloxone not because they might need it—but because someone else might need it. There should be no fear of penalties for getting naloxone.

Expand Existing Ways & Add New Ways to Get Naloxone

Since the SO started in 2017, new ways of distributing naloxone have begun. Many of these methods are not directed toward people who are getting prescription. Instead, they are aimed at people who may use or know someone who uses non-prescription opioids. These approaches mirror the changing face of the opioid epidemic. As already noted, fentanyl now contributes to more than 80% of opioid-involved overdose deaths.⁵

Newer ways of distributing naloxone include naloxone vending machines⁹ and EMS leave-behind kits.¹⁰ Both could be expanded. There are other ways naloxone could be distributed:

- **Make naloxone an over-the-counter medication.** This would have several benefits. The one-quarter of [people who would not feel comfortable asking for naloxone](#) at a pharmacy would not have to do so. Naloxone would be available at more pharmacies than are enrolled in the SO. Naloxone would be available when stores are open but pharmacies inside them are closed. People could get naloxone without [worry about the possible effects of having naloxone](#) on their record, such as higher life insurance rates.
- **Send naloxone by mail.** In 2022, COVID-19 tests were sent to Americans' mailboxes. All people had to do was fill out a short online form.¹¹ The same system could send naloxone. This would be especially helpful for people who live in rural areas without a pharmacy near them.
- **Have a co-prescription mandate.** A mandate could require doctors to prescribe naloxone when they prescribe certain prescriptions. A mandate should require a co-prescription when a patient is prescribed a benzodiazepine or an opioid at or above a morphine milligram equivalent (MME) threshold for the first time. It could also suggest prescribing naloxone periodically. This way, patients are likely to have unexpired naloxone on hand.
- **Make naloxone commonplace.** Many buildings, such as workplaces, schools, and stores, have automatic external defibrillators (AEDs) available. AEDs equip people to help someone having a heart attack. Naloxone equips people to help someone having an opioid overdose. NaloxBoxes are a convenient way to provide access to naloxone at central locations in buildings.¹² Each NaloxBox contains naloxone, instructions, and other supplies people can use to respond to an overdose.
- **Train people who work where overdoses might happen.** Many overdoses happen in places where people gather or pass through. These include parks, libraries, restaurants, gas stations, and parking lots. Naloxone must be given quickly to reverse

an opioid overdose. Often, there is not time to call 911 and wait for EMS to arrive. Training people who work in these locations, plus making naloxone available, would increase the chance that someone can respond to an overdose before it is too late.

- **Add naloxone training to other trainings.** Many people take CPR or other training courses for their work. Naloxone training could be added to existing first-aid trainings. Ideally, it would be required for people in many professions, especially those who are most likely to encounter an overdose situation. Or naloxone training could be offered as an optional training. Participants would learn how to recognize an overdose and use naloxone. They would also get naloxone to keep on hand.

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